U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
E 25	
1 File Number U -	2. Fiscal Year Covered From.
12363	01 / 01 / 1.2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and acdress of labor organization.
Name DANIEL STRAHMICH	Name SERVICE EXAPLOYEES INT'L UNION LOCAL Labor Organization File Number 513-846
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 77 HUYSHOPE AVE	Street 77 HUNSHOPE AVE
City HARTEORD	City HARTEDZS
State CT ZIP Code + 4 CL 106	State ' CT ZIP Code + 4 06 106
5. Position in labor organization. VICE PRESIDENT	-
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or incirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	* .`
P.O. Box, BidgRoom No., if any	7.b. Amount.
Street .	
City	
State ZIP Coce + 4	
Signature Charles The reducing of the last	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
SignedStwhib	On 8 2 05 860-251-6039 Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name N.E.H.C.E.U. HEALTH AND WELFARE FULLY.  Trade Name if any:  P.O. Box, Bldg., Room No., if any 2 <sup>ND</sup> FLOUIZ  Street 77 HUYSHOPE AVE  City HARTFURD  State CT ZIP Code + 4 Objox	9. Business deals with:  a. Labor Organization  b. Trust c. Employer	
10. If 9 b. or 9.c. is checked give trust or employer's name. SEE  Name ASOVE  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing	
Street City State ZIP Code + 4	11.b. Approximate do-lar value of such dealing.  12.a. Nature of interest he.d or income received.  TRUSTEE !!! EET IN 65	
	12.b. Amount. 184.32	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer of (including trade name, if any).	r Labor Relations Consultant	14.a. Nature of payment
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	-	
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name NEHCEU. PENSION FUND  Trade Name, if any:  P.O. Eox, Bldg., Room No., if any 2 no FLOOZ  Street 77 HUYSHOPE AVE  City HARTFORD  State CT ZIP Code + 4 CC 106	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9 b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  TRUSTEE VEETINGS
C. Received from any employer (other than an employer covered under	12.b. Amount. <b>86.73</b>

13.a. Name and address of Employer or	Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

Name of Person Filing File Number U-		
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8 Name and address of Business (including trade name, if any).	9. Business deals with	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest he'ੜੇ or income received.	
State ZIP Ccde + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above)		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name		
Trade Name, if any:		
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City		
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